

Welcome



Agenda

- Welcome and Team Introductions
- Key Terms and Concepts
- Home Visiting Funding
- Policy and Program Updates
- Home Visiting Implementation Initiatives
- Upcoming Engagement Opportunities

Welcome!

- **Introduction** of HV staff and presenters
- **Who** we invited to participate
- **Why** we are hosting this call



Key Terms and Concepts



How Do We Define Home Visiting?

Michigan's early childhood home visiting programs connect trained professionals with vulnerable and at-risk mothers and families to nurture, support, coach, educate and offer encouragement with the goal that all children grow and develop in a safe and stimulating environment.



What is the Michigan Home Visiting Initiative?



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Michigan's **early childhood home visiting initiative** provides voluntary, prevention-focused family support services in the homes of pregnant women and families with children aged 0-5.



Key Terms and Concepts

- **Community Needs Assessments** identify prevention based needs for a geographic area
- **Evidence-based programs** are implemented with **fidelity** and use a clear, consistent model that is research-based with a rigorous research design and grounded in relevant, empirically-based knowledge.
- **MIECHV**-Maternal Infant and Early Childhood Home Visiting funded through the Health Resources Services Administration (HRSA)
- **Prevention** the **act of stopping** something from happening or arising, and an approach in which services are offered to the people who are **identified as being at risk**, and they receive services with the expectation that the **risk conditions will be reduced** and/or the **potential resulting conditions/disorders will be prevented** or reduced
- **HV Implementation Strategies** must include home visiting as a primary delivery strategy, be offered on a voluntary basis, target pregnant women or children aged birth to five, who are at-risk and be reoccurring in nature

Common Home Visiting Models Operating in Michigan



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- ❖ Early Head Start - Home Visiting (EHS)
- ❖ Healthy Families America (HFA)
- ❖ Maternal Infant Health Program (MIHP)
- ❖ Nurse Family Partnership (NFP)
- ❖ Parents As Teachers (PAT)

These Programs are Designed to:

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- ❖ **Encourage, assist and coach** families in caring for infants and young children and supporting their healthy development
- ❖ Provide **support** to parents and caregivers
- ❖ **Connect** parents and caregivers to community resources and services
- ❖ **Develop positive interactions** focused on the importance of maternal health before, during, and after pregnancy
- ❖ **Build** strong, healthy relationships between parents and caregivers of toddlers and young children.

Why Home Visiting?

Because Evidence-Based Programs Show **Improvements** In:



- ❖ Maternal and prenatal **health**, infant health, and child health and **development**;
- ❖ **School readiness**;
- ❖ **Parenting** related to child development outcomes;
- ❖ Family **socio-economic status**; and
- ❖ **Coordination of referrals** to community resources and supports.

And **Reductions** In:

- ❖ **Child maltreatment**;
- ❖ **Crime and domestic violence**.



Home Visiting Funding



Key Home Visiting Funding Sources



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- Maternal & Child Health (MIECHV)
- Temporary Assistance to Needy Families
- Child Abuse Prevention and Treatment Act
- Medicaid
- Michigan State General Fund
- Michigan School Aid Act
- Local Funding
- Private Foundations

- **2010 Affordable Care Act** awarded \$91 million for home visiting programs in 50 states, DC and 5 U.S. territories
- **Michigan--created a collaborative effort** between Departments of Community Health, Education and Human Services to improve child and family outcomes by implementing **evidence-based home visiting (PA 291 of 2012)**

FY 2015 State Budget Update

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- Where things stand on the state budget process
- Social Impact Bond (SIB) potential

State Policy and Programs



Michigan's PA 291 of 2012

Michigan **Public Act 291** of 2012 requires that home visiting programs be:

- ❖ **Evidence Based** on a clear, consistent program or model that is *research-based* and grounded in relevant, *empirically-based* knowledge and *operated with fidelity*

~ OR ~

- ❖ **Promising Programs**, which *do not meet criteria of evidence-based programs* but *have data or evidence demonstrating effectiveness* at achieving *positive outcomes* for pregnant women, infants, children or their families.

Michigan Infant Mortality Plan

Includes Home Visiting as one of the **strategies** for reducing our state's rate of infant mortality, and addressing disparities in infant mortality rates



Measuring Program Outcomes

PA 291 established data collection requirements for measuring progress and collecting data for all programs operating in Michigan

- Stakeholders process is underway to identify and set measurable targets

MIECHV in Michigan



MIECHV in Michigan: Implementation Goals



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- **Establish** partnerships between Education, Great Start Collaboratives, parent coalitions, Head Start, substance abuse providers, public health providers, mental health providers, other human services entities and programs
- **Expand and evaluate** evidence-based home visiting programs, implemented with fidelity
- **Develop** the infrastructure to support a state Home Visiting System embedded in a comprehensive, high-quality Early Childhood System
- **Develop** local home visiting systems based on the state system

MIECHV in Michigan: Implementation Goals

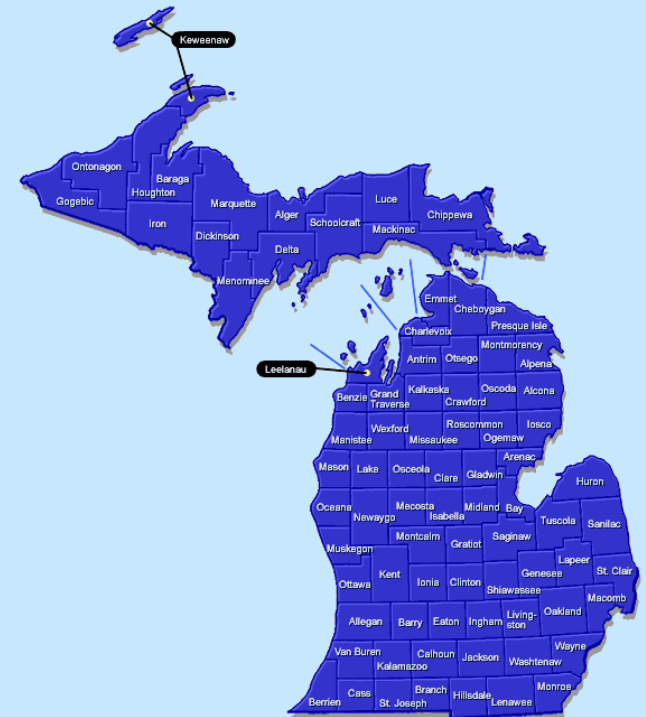


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MIECHV's High Risk Communities

- MIECHV defines “Community” as a county
- Risk assessments completed and scored
 - Berrien
 - Calhoun
 - Genesee
 - Ingham
 - Kalamazoo
 - Kent
 - Muskegon
 - Oakland (Pontiac)
 - Saginaw
 - St. Clair
 - Wayne



- **Program Models** chosen for Michigan:

- Early Head Start (EHS)
- Healthy Families America (HFA)
- Nurse Family Partnership (NFP)

(See Home Visiting Evidence of Effectiveness or **HOMVEE.org**)

- **Community Needs Assessment and Exploration** identifies needs, gaps and priorities within communities and identifies models to address them

Measuring Programs Outcomes

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Benchmarks and baselines have been established for MIECHV programs

- 6 benchmarks and 37 measures
- Data reported annually in the fall

Growing Home Visiting in Michigan: Building Capacity



Systems Development: Creating a Continuum of Services



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Continuum of Services—looking at opportunities for cross-model collaboration:

- How can we extend the length of services?
 - ✦ Offer services sequentially
- How can we expand coverage of the at-risk population?
 - ✦ Multiple models, enrolling distinct populations
- How can we deepen services when there are difficult circumstances?
 - ✦ Offer services simultaneously
- How can we adopt administrative efficiencies?
 - ✦ Use the same curriculum across models in a community

--D. Darrow, February 2013

Systems Development: Cross Agency Collaboration

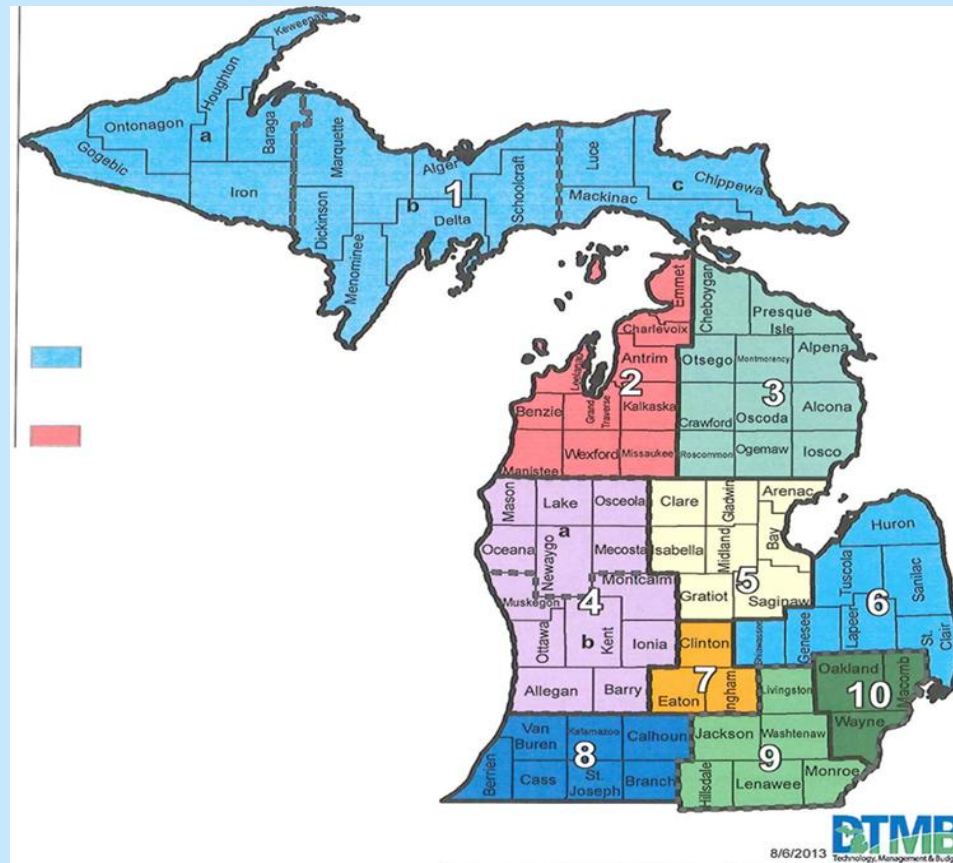


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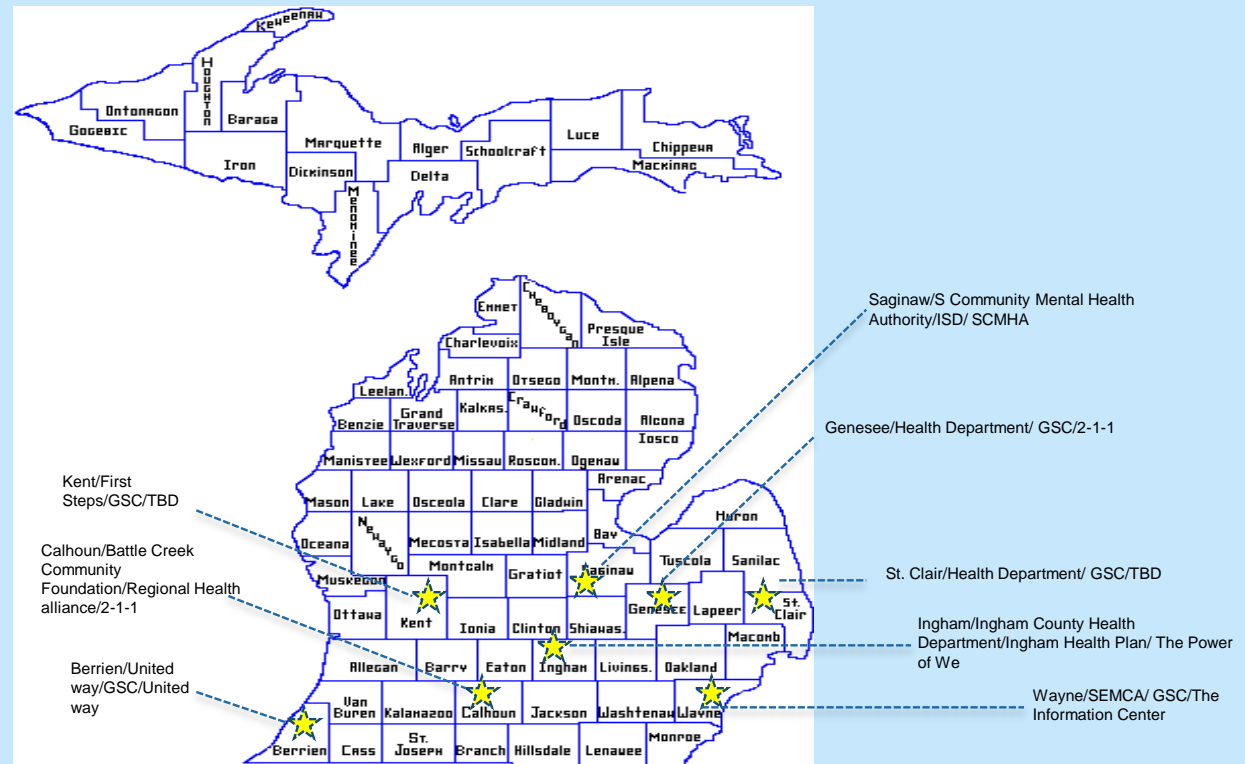
- Systems building effort of **MDCH, MDE, MDHS, ECIC**
- **Goals:**
 - **Creating a Vision**--by engaging partners in a collaborative process to plan and implement policies, procedures, standards, measures and funding mechanisms that support common goals;
 - **Strengthening the Home Visiting Infrastructure**--by improving the quality of the system and supporting the use of evidence-based model programs;
 - **Promoting Positive Outcomes**--by measuring and reporting progress toward improving child health and safety, supporting healthy development, reducing family violence, improving maternal child health, and encouraging economic self-sufficiency

Systems Development: Expansion Efforts

Michigan Prosperity Regions



Program Development: Hubs



Continuous Quality Improvement: CQI and Home Visiting

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- **CQI** is the use of a deliberate, defined improvement process, **Plan-Do-Study-Act (PDSA)**, on a continuous and ongoing basis to make measurable improvements in processes and services.
- **CQI can:**
 - Streamline processes
 - Reduce redundancy
 - Enhance ability to meet families' needs
 - Increase families' satisfaction with services
 - Improve outcomes!

Continuous Quality Improvement: Where Things Stand

- **State CQI Team**

- Two projects in process
 - ✦ Maternal Depression Screening and Domestic Violence Screening

- **Provider Site CQI Teams**

- Second year of CQI project implementation
 - ✦ Program level CQI projects (2 per fiscal year)
 - ✦ Learning Collaborative CQI projects (1 per fiscal year)
 - ER Utilization/Service Referrals
 - ✦ HV CollIN

- **Local Leadership Group (LLG) CQI Teams**

- First training in May 2014
- Initial projects focused on increasing parent participation and engagement in LLGs

Upcoming Engagement Opportunities



Stay Connected!



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- **Michigan Home Visiting Conference**
 - August 5-7, 2014
 - Adoba Hotel, Dearborn, Michigan
 - Registration opens June 13th!
- **Michigan Home Visiting Stakeholder Community of Practice Call**
 - August 6, 2014 @ 1:30 p.m.
 - Join by call or in person at conference breakout session!
- **Receive Updates! Join our mailing list!**

https://public.govdelivery.com/accounts/MIDCH/subscriber/new?topic_id=MIDCH_135

Home Visiting Contact Information



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